

Name  
in  
Full

Henry Aikens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Darlington</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u>	Month	<u>Sept.</u>	Day	<u>10</u>
Age		<u>80</u>		Years	
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Not Known</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>		Name of Wife or Husband		
Father's Name	<u>Not Known</u>		Father's Birthplace	<u>Not Known</u>	
Mother's Maiden Name	<u>Not Known</u>		Mother's Birthplace	<u>Not Known</u>	
Name of person giving information	<u>Granville Aikens</u>		How related to deceased	<u>Son,</u>	

## CAUSES OF DEATH

64

✓

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
<u>Apoplexy</u>	<u>2 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Yes</u>	<u>J. H. Tobias,</u>
	Address
	<u>Darlington, Md.</u>
Accident or Suicide?	

P. 1



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Hannah Baker</i>		County <i>Hartford</i>		MARYLAND	
Died at <i>Churchville</i>		Town		State	
Date of death	190 <i>9</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>70</i>	Years <i>5</i> Months <i>27</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fork Beeto Co. Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Baker</i>				
Father's Name <i>James Payley</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Mary Pierce</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Chas. R. Baker</i>	How related to deceased <i>son</i>				

## CAUSES OF DEATH

Primary <i>Arterio Sclerosis</i>	How long <i>6 months</i>
Immediate <i>Syncope</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edmond Charles</i>
	Address <i>Bel Air, Md.</i>
Accident or Suicide <i>—</i>	

PHYSICIAN  
OR CORONER

Wesleyan Chapel

Name  
in  
Full

Florence B. Balser

## CERTIFICATE OF DEATH

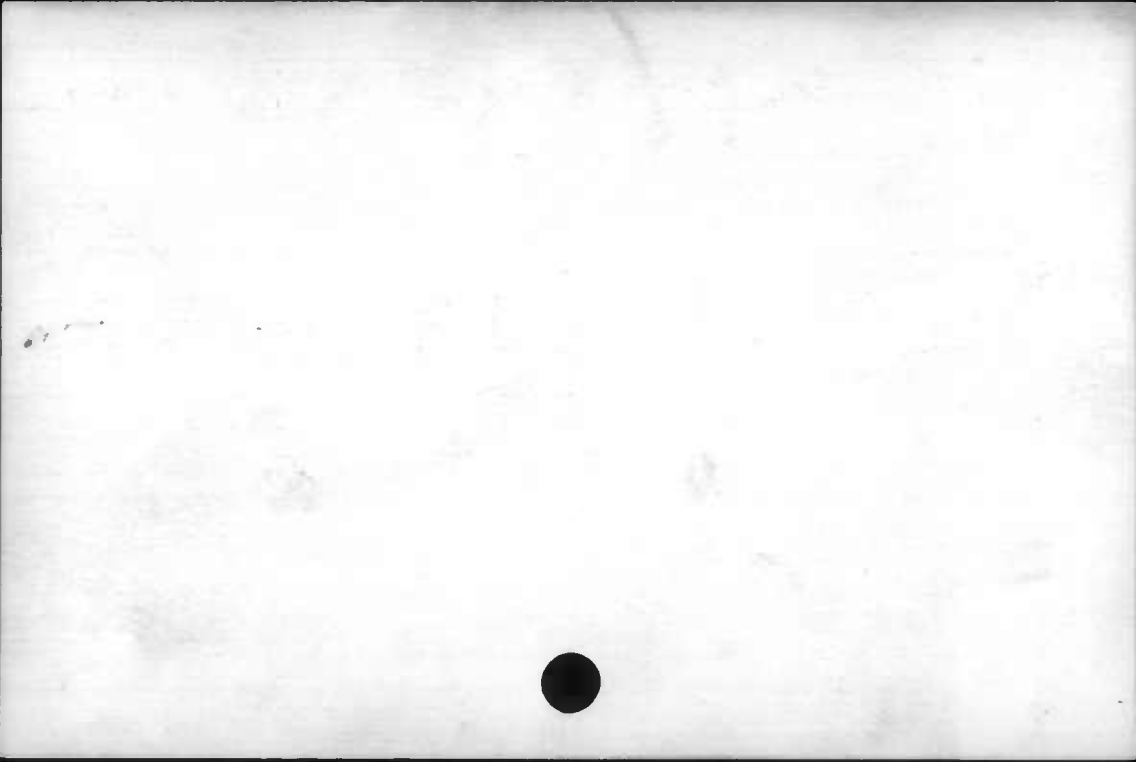
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Carsins</u> Town		<u>Starford</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>9</u>	Day <u>29</u>	Age <u>7</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Carsins, Md</u>		
Occupation <u>School Girl</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Chas. Harney Balser</u>			Father's Birthplace <u>Carsins,</u>		
Mother's Maiden Name <u>Annie Cole</u>			Mother's Birthplace <u>Carsins,</u>		
Name of person giving Information <u>Chas. H. Balser</u>			How related to deceased <u>Father,</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>4 weeks</u>
Immediate <u>Meningitis</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. H. Balser</u>
	Address <u>Chesden, Md,</u>
Accident or Suicide <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

#

TO BE ANSWERED BY  
NEAREST FRIEND

*Penelope Boone.*  
 Died at *Mylesville* Town *Hartford.* County  
 Date of death 1909. *Sept* Month *4* Day Age *24* Years  
 Sex *Female.* Color or Race *White* Birth-place *Ind.*  
 Occupation *Housewife* Where Residing if not at place of death *Ind.*  
 Married, ~~Single~~ *Widowed* Name of Wife or Husband *Frank J. Boone*  
 Father's Name *H. Doughton* Father's Birthplace *Ind.*  
 Mother's Maiden Name *Jennie Doughton* Mother's Birthplace *Ind.*  
 Name of person giving Information *Sizzie Benington* How related to deceased *Aunt*

## CAUSES OF DEATH

Primary *Intestinal*  
 Immediate *Hemorrhage*

How long

How long

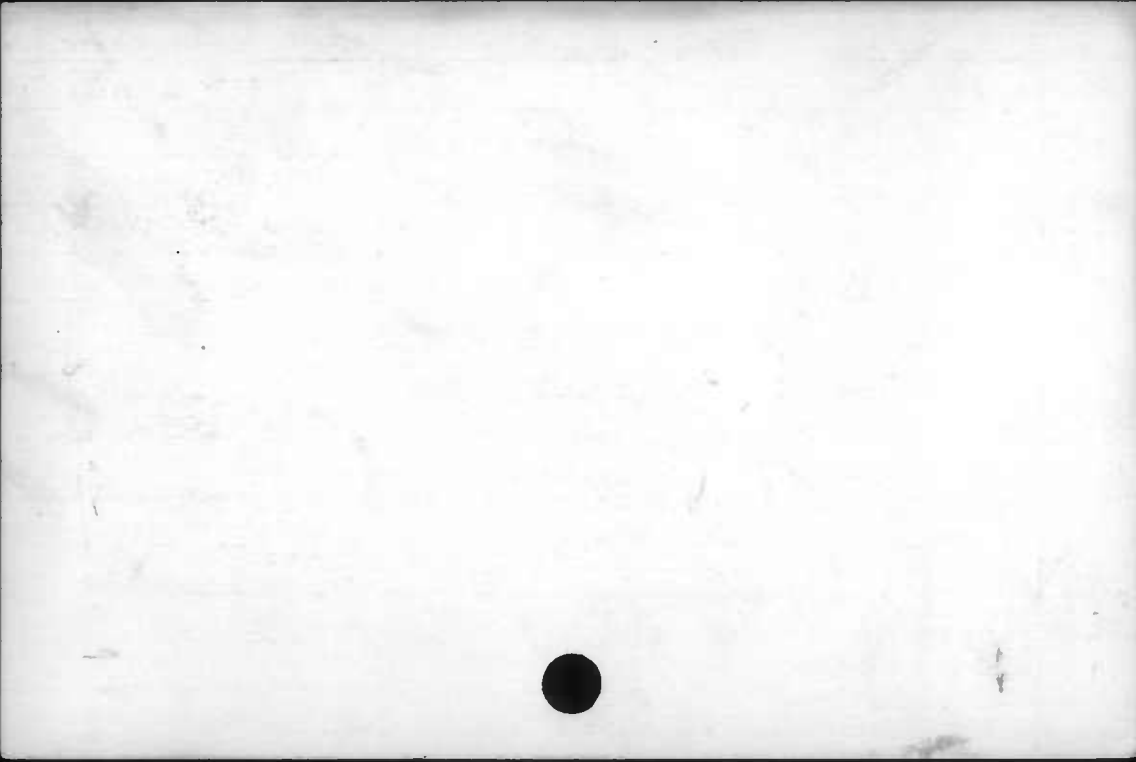
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Lewis Franklin Breidenbaugh

CERTIFICATE OF DEATH

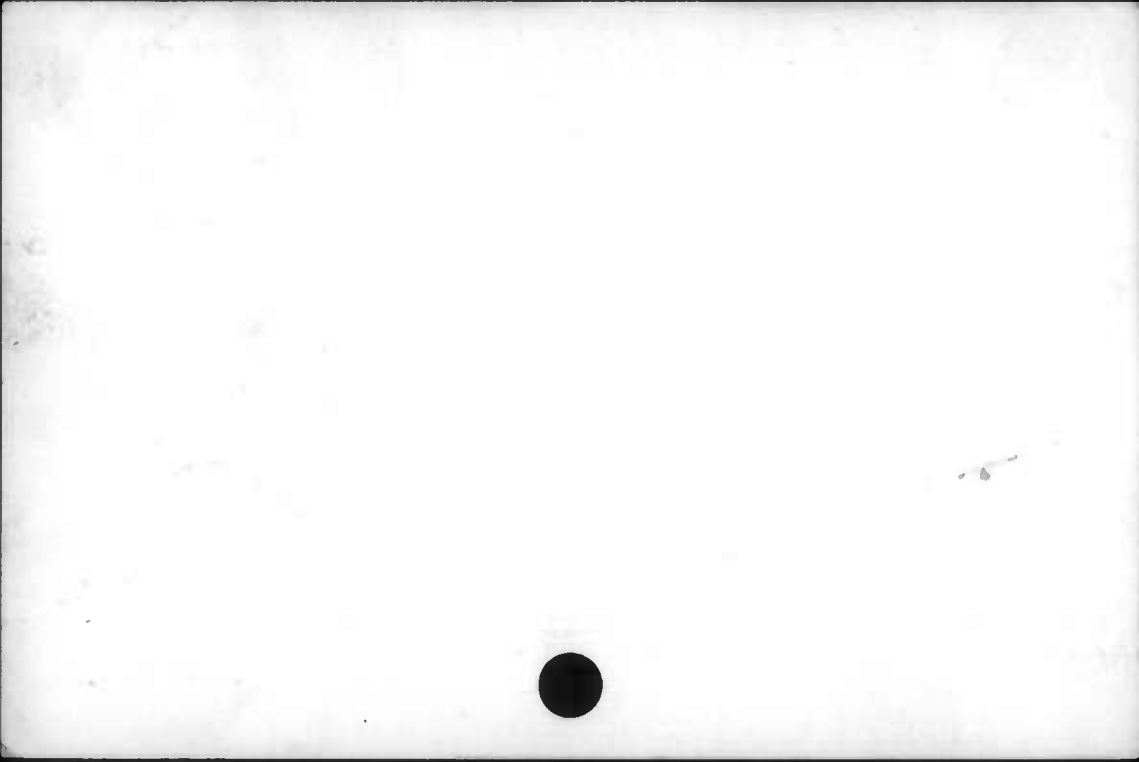
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Sept	4 <sup>th</sup>	PM	5	20	
Sex	Male	Color or Race	White		Birth-place	Garrettsville, Md.	
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Konrad Breidenbaugh,				Father's Birthplace	Germany	
Mother's Maiden Name	Margarett E. Boenick,				Mother's Birthplace	Maryland	
Name of person giving Information	L. Breidenbaugh,				How related to deceased	Father	

CAUSES OF DEATH

Primary	Cerebral Meningitis	How long	61	✓
Immediate	Exhaustion	How long	About 2 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		H. F. Bradley		
Address		Garrettsville, Md.		
Accident or Suicide				

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Nelson Butler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Bush River<sup>County</sup> Harford

Date of death 1909 Sept.

Day 26<sup>th</sup> Age 106

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Maryland

Occupation

Fisherman

Where Residing if not  
at place of death

Bush River

Married, Single  
or Widowed

Widowed

Name of Wife or  
HusbandFather's  
Name

Not Known

Father's  
Birthplace

Not Known

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Not Known

Name of person giving  
In formation

Jos. Preston

How related  
to deceased

Nephew

## CAUSES OF DEATH

14

✓

PHYSICIAN  
OR CORONER

Primary

Acute Dysentery (Ery)

How long

2 weeks

Immediate

Hemorrhage

How long

20 hours

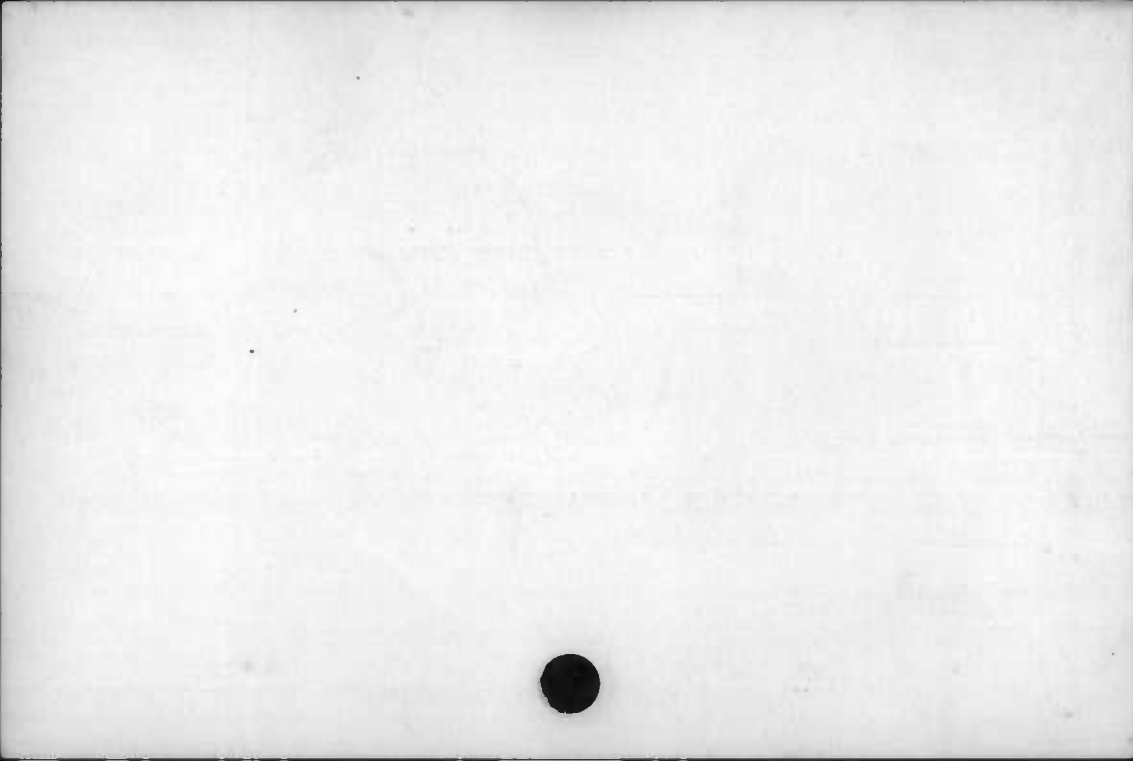
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

R. Oppermann

Address

Abingdon  
Md

Accident or Suicide?



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John Byles*  
Town *Strat*

County *Hanford*

Date of death 1909 *Sept* 23

Age *66* Years Months *9* Days

Sex *Male*

Color or Race *White*

Birth-place *Pa*

Occupation *Farmer*

Where Residing if not at place of death

Married, ~~Single~~  
~~or Wid~~

Name of Wife or Husband *Ella Byles*

Father's Name *Charles Byles*

Father's Birthplace *Pa*

Mother's Maiden Name *Elizabeth Jackson*

Mother's Birthplace *Pa*

Name of person giving Information *Ella Byles*

How related to deceased *Wife*

CAUSES OF DEATH

Primary *Paralysis*

*66* How long *2 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

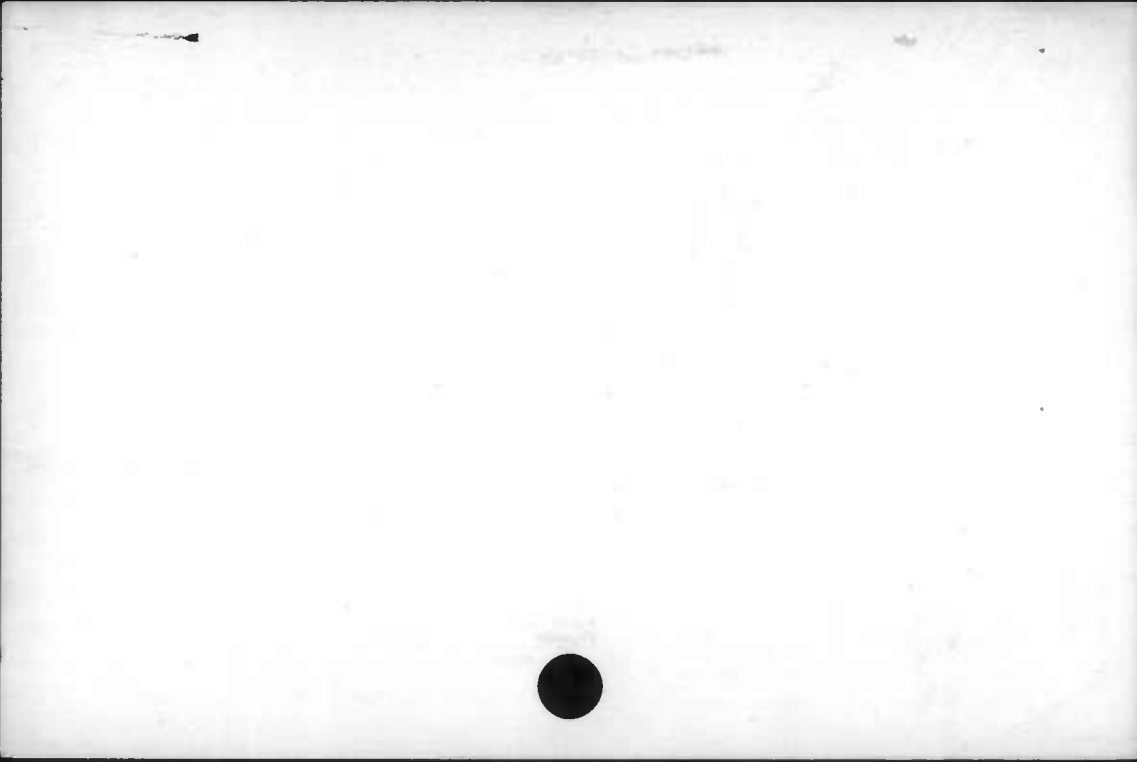
Signature of Physician

Address

*C. W. Farnous*  
*Strat Ind*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Arrabella Cairns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Bel Air</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George R Cairns</i>					
Father's Name <i>Johna Nelson</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary Ellen Hope</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Annie Cairns</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

120

✓

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>Three Years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William V. Archer</i>	
<i>Yes</i>		Address <i>Bel Air Md</i>	
<i>Accident or Suicide?</i>			

Beth Church



Name  
in  
Full

*Edith May ~~Erwin~~ Collins*

CERTIFICATE OF DEATH

Town

*Pennsboro*

County

*Harford*

MARYLAND

Died at

Date

*1909*

Month

*9*

Day

*3*

Age

Years

*17*

Months

*5*

Days

*25*

Sex

*Female*

Color or  
Race

*Black*

Birth-  
place

*Ma*

Occupation

*None*

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Wm H Collins Jr*

Father's  
Birthplace

*Ma*

Mother's  
Maiden Name

*Sarah Lee*

Mother's  
Birthplace

*Ma*

Name of person giving  
information

*Father*

How related  
to deceased

*—*

CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*10 yrs*

Immediate

*11*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*J. H. Stier*

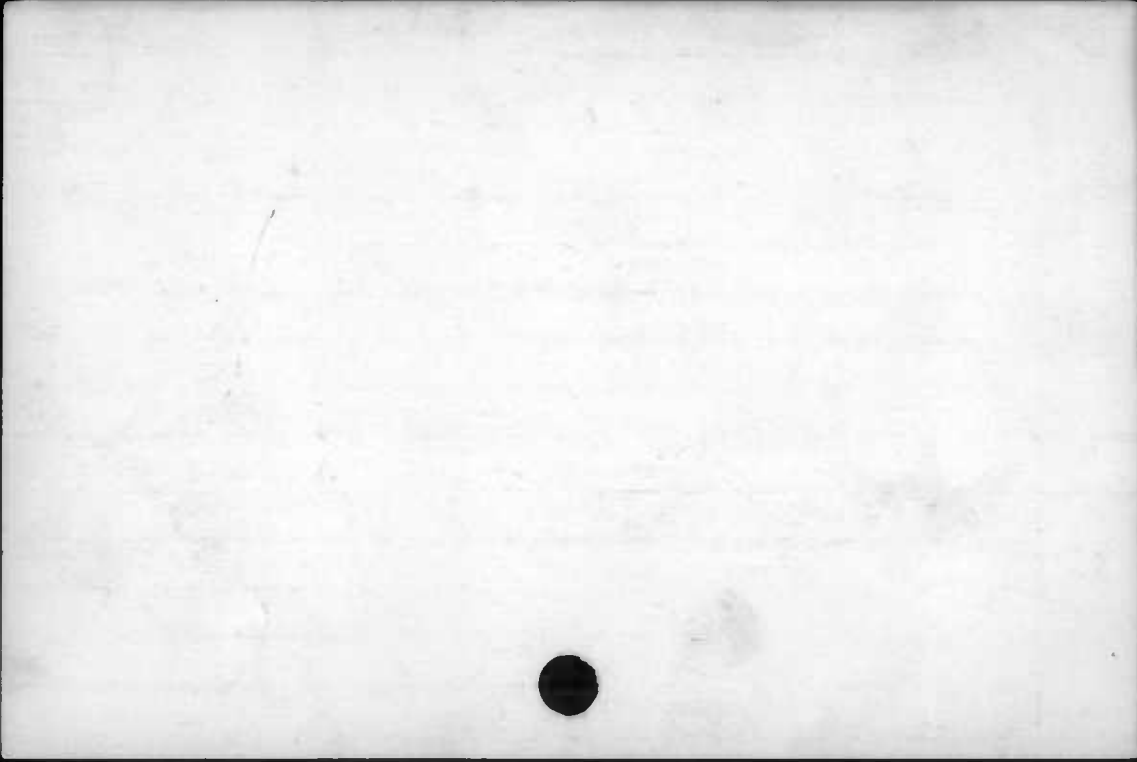
Address

*Pennsboro*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edward Emanuel Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Hill Harbor</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>4</i>	Age <i>5-3</i>	Months <i>10</i>	Days <i>1</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Mary Eliza Cook</i>				
Father's Name <i>George Cook</i>			Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Sent Brown</i>			Mother's Birthplace <i>England</i>				
Name of person giving information <i>Albert Cook</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma Liver</i>	How long <i>6 mo.</i>
Immediate <i>Dropsy</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Forest Hill End</i>
Accident or Suicide? <input type="checkbox"/>	

Centre Church

Name  
in  
Full

William Henry. Cullum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Stepney</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>22</i>	Years <i>70</i>	Months <i>6</i>	Days <i>13</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Harford</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Edith H. Williams</i>					
Father's Name <i>Wm. W. Cullum</i>				Father's Birthplace <i>Harford Md</i>			
Mother's Maiden Name <i>Jane Greenland</i>				Mother's Birthplace <i>Harford Md</i>			
Name of person giving Information <i>A. R. Cullum.</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

Primary	<i>Bright's Disease</i>	How long	<i>2 yrs.</i>
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Immediate	<i>Heart failure</i>
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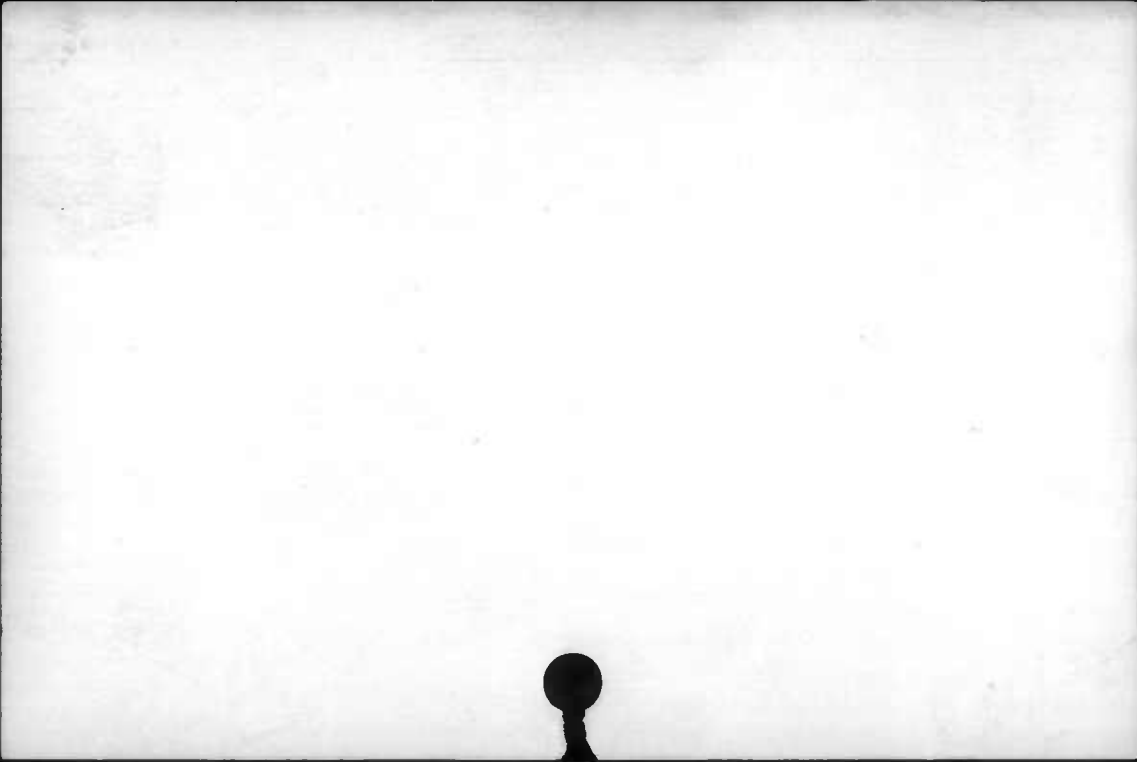
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*William*  
*Prigmore*  
*M*

PHYSICIAN  
OR CORONER~~Accident or Suicide~~



Name  
in  
Full

Ammanda Elizabeth Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Earlton		County Harford		MARYLAND	
Date of death		Month 1909	Day Sep.	Age	Years 26	Months 8	Days -
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Harford Co.	
Married, Single or Widowed		Widow		Where Reaiding if not at place of death			
Father's Name		Ephraim Gilbert		Name of Wife or Husband		Joseph Davis	
Mother's Maiden Name		Annie Loflin		Father's Birthplace		Maryland	
Name of person giving Information		Sallie Mitchell		Mother's Birthplace		" "	
				How related to deceased		Niece.	

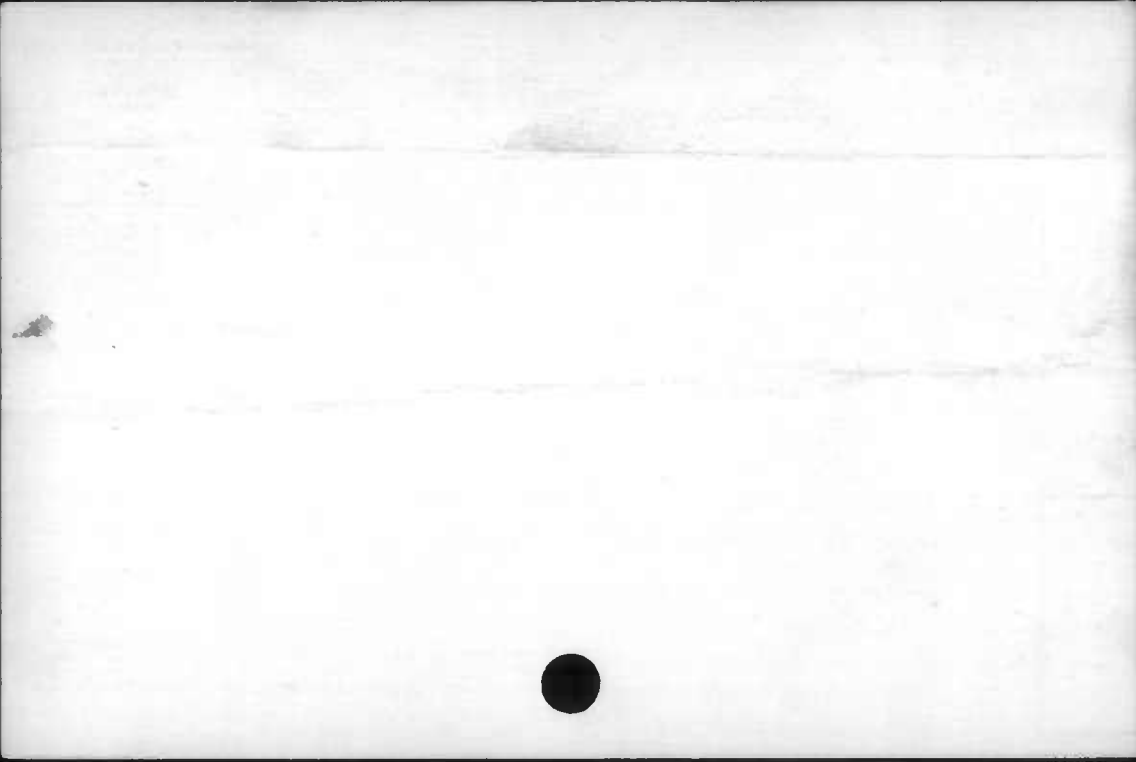
## CAUSES OF DEATH

154

✓

PHYSICIAN  
OR CORONER

Primary	General debility —	How long	3 or 4 years
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
yes		J. L. Hopkins	
		Address	
		Haven de Grove	
		Md	
Accident or Suicide			





Name  
in  
Full

Mary De Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Abingdon		County Harford		MARYLAND	
Date of death		Month 1909 Sept	Day 17	Age	Years	Months 10	Days
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation				Where Residing if not at place of death Abingdon			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name John De Martin				Father's Birthplace Germany			
Mother's Maiden Name Anna Yarnchowski				Mother's Birthplace "			
Name of person giving Information John De Martin				How related to deceased Father			

## CAUSES OF DEATH

105

✓

PHYSICIAN  
OR CORONER

Primary	Discolitis	How long	3 weeks
Immediate	Transitional collapse	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. Oppermann	
		Address Abingdon, Md.	
Accident or Suicide			



Name  
in  
Full

James Lewis Donahoe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Uldino* <sup>County</sup> *Harford* **MARYLAND**Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *Sept* <sup>Years</sup> *16* Age *83* <sup>Months</sup> *a* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Harford Co*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Mary E. Osborn*Father's Name *Aquila Donahoe* Father's Birthplace *Harford Co*Mother's Maiden Name *Mary Carroll* Mother's Birthplace *Harford Co*Name of person giving Information *Mary E Donahoe* How related to deceased *Wife*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONERPrimary *Senility* How long *1 year*  
Immediate *Coronary Constriction* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above?

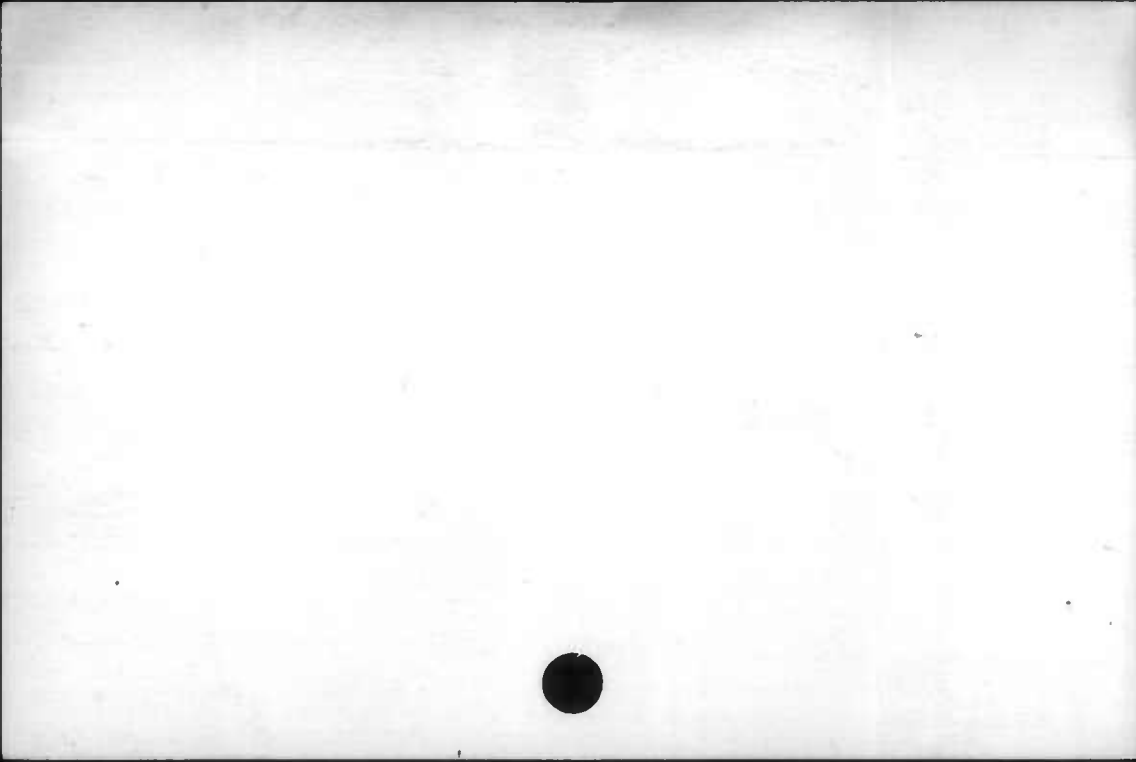
*Yes*

Signature of Physician

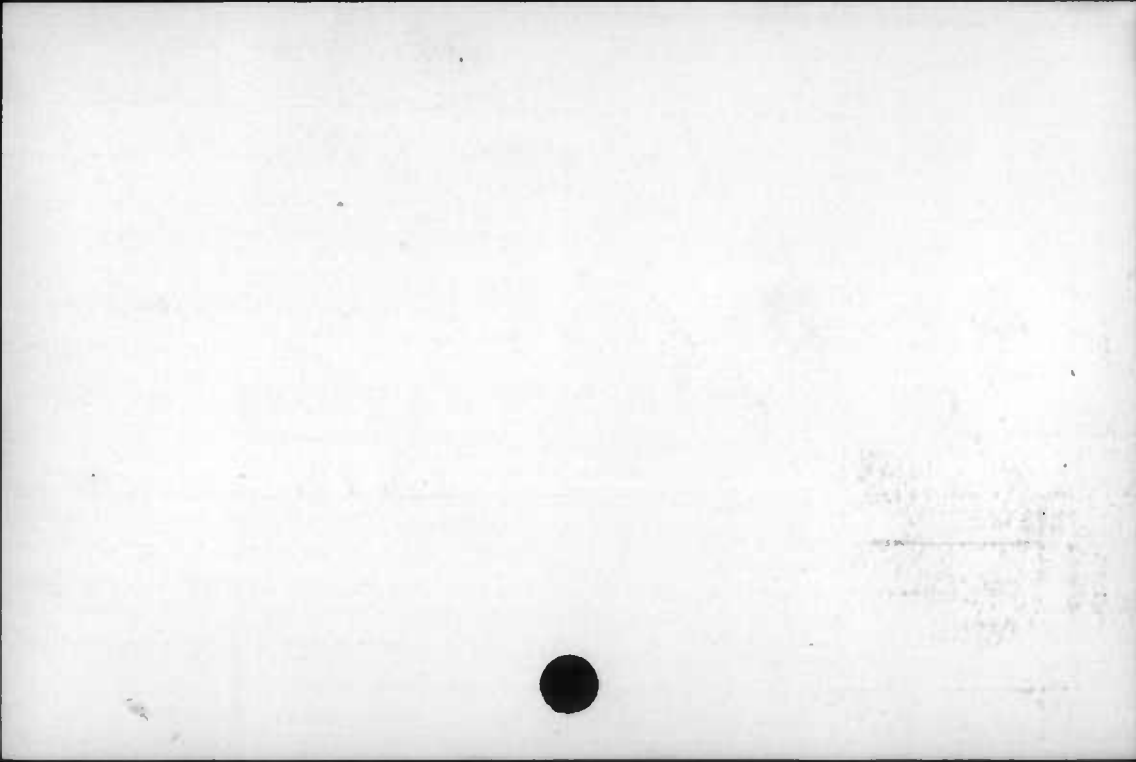
Address

*J. L. Roberts*  
*Churchville*

Accident or Suicide



Name in Full		Certificate of Death			
Alice Maude Dorsey		Died at <u>Darlington</u> <u>Town</u> <u>Harford</u> <u>County</u> <u>MARYLAND</u>			
Date of death <u>1909</u> <u>Sept.</u> <u>25<sup>th</sup></u> <u>Age</u> <u>9</u> <u>Months</u> <u>9</u> <u>Days</u>					
Sex <u>Female</u> Color or Race <u>Colored</u> Birth-place <u>Darlington Md.</u>					
Occupation <u>—</u> Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u> Name of Wife or Husband <u>—</u>					
Father's Name <u>David Dorsey</u> Father's Birthplace <u>Maryland.</u>					
Mother's Maiden Name <u>Mary Bonds</u> Mother's Birthplace <u>Maryland.</u>					
Name of person giving information <u>Rachel Smith</u> How related to deceased <u>Aunt.</u>					
CAUSES OF DEATH		(151) ✓			
Primary		How long			
Immediate <u>Mal-nutrition</u>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Tobias,</u>			
Address <u>Darlington,</u>		Md.			
Accident or Suicide?					



Name  
in  
Full

Fadely

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Harrods Grace* *Harford Co*  
Town County  
Date of death *1909* *Sept.* *17* *Age* *—*  
Month Day Years Months Days  
Sex *male* Color or Race *white* Birth-place *Harrods Grace*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Henry M Fadely* Father's Birthplace *Harrods Grace*  
Mother's Maiden Name *May Mahesee* Mother's Birthplace *Harford Co*  
Name of person giving Information *Father* How related to deceased *Father*

CAUSES OF DEATH

Primary *Stitch* *8* How long  
How long

Immediate

Are the name, age, sex, color, data and place correctly given above?

*yes*

Signature of Physician

Address

*Al Proshien*  
*Harrods Grace*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name in Full <i>Wm. R. Fearon</i>		CERTIFICATE OF DEATH	
Died at <i>Amos</i> Town		County <i>Harford Co.</i>	
Date of death <i>1909</i> Month <i>Sept.</i> Day <i>5-</i> Age <i>62</i> Years		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i> Color or Race <i>White</i>		Birth-place <i>Lock Haven, Pa.</i>	
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>Lock Haven, Pa.</i>	
<del>Married, Single</del> <del>or Widowed</del>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Wm. Fearon</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Eliza B. Kintzing</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>Harry Treaster</i>		How related to deceased <i>Brother-in-law</i>	
<div style="display: flex; justify-content: space-between;"> <div> <p>TO BE ANSWERED BY NEAREST FRIEND</p> </div> <div> <p>CAUSES OF DEATH</p> <p>Primary <i>Insufficiency of Mitral valve</i> <i>Fatty degeneration of heart.</i></p> <p>Immediate <i>Failing compensation &amp; syncope</i></p> <p>Are the name, age, sex, color, date and place correctly given above? <i>Yes</i></p> <p>Accident or Suicide? <i>No</i></p> </div> <div> <p><b>79</b></p> <p>How long <i>Several years —</i></p> <p>How long <i>Sudden.</i></p> <p>Signature of Physician <i>A. F. Vant Bibber M.D.</i></p> <p>Address <i>Bel Air Md.</i></p> </div> </div>			

Loch Haven,  
Peru.

Name  
in  
Full

Edson H Ford

## CERTIFICATE OF DEATH

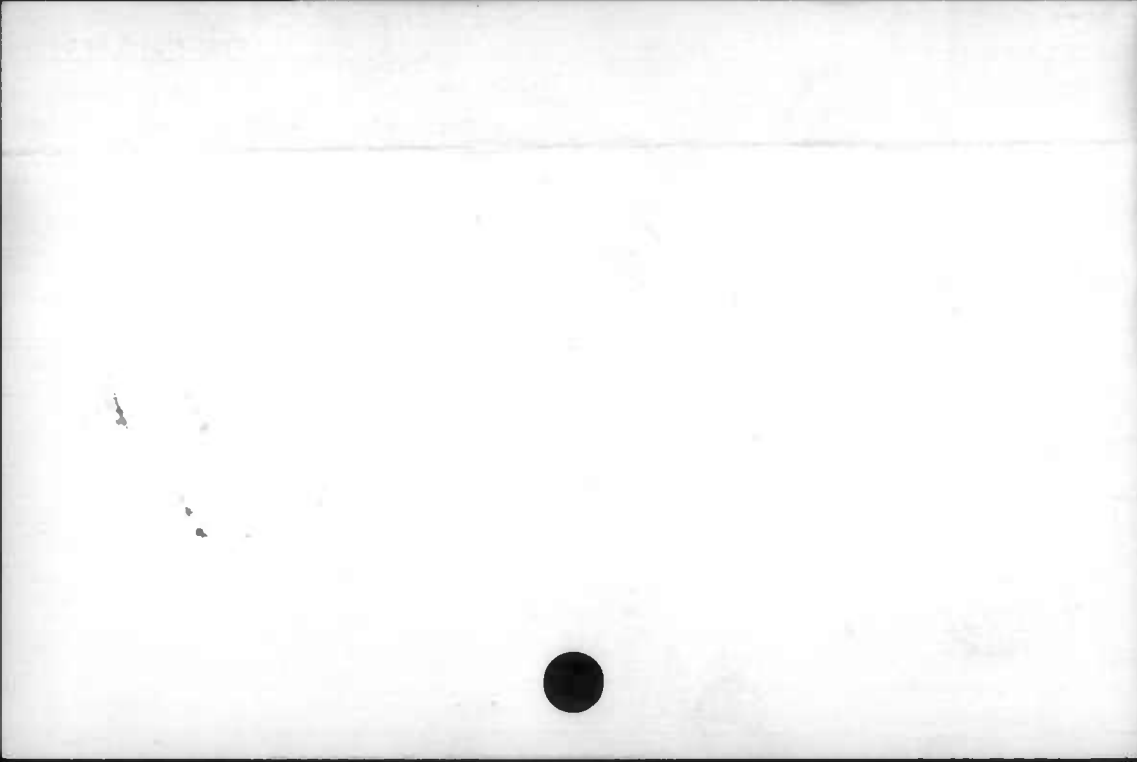
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Levi</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1909	Month	Sept	Day	11
Age		57		Years	
Sex	male	Color or Race	White	Birthplace	Harford Co Md
Occupation	Blacksmith	Where Residing if not at place of death		Same	
Married, Single or Widowed	Widowed	Name of Wife or Husband <u>Gemma V. Rogers</u>			
Father's Name	<u>Jas. H Ford</u>			Father's Birthplace	Harford Co
Mother's Maiden Name	<u>Cassandra Greenland</u>			Mother's Birthplace	Harford Co
Name of person giving Information	<u>Chas Ford</u>			How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart disease</u>	Died	<u>Indistinctly</u>
Immediate	<u>Heart disease</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Michael H Foley</u> Coroner
		Address	<u>Marre de Grace Md</u>
Accident or Suicide			



Name  
in  
Full

Herbert Haines

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Dublin</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>Sept'r</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	<u>23</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Dublin</u>
Occupation	<u>none</u>	Where Residing if not at place of death		<u>Dublin</u>	
Married, Single or Widowed	<u>      </u>	Name of Wife or Husband		<u>      </u>	
Father's Name	<u>David Haines</u>			Father's Birthplace	<u>Dublin, Md</u>
Mother's Maiden Name	<u>Orollie Harris</u>			Mother's Birthplace	<u>Bel air</u>
Name of person giving Information	<u>David Haines</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	<u>General debility</u>	How long	<u>since birth</u>
Immediate	<u>Constricted lungs</u>	How long	<u>one week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Eph<sup>m</sup> Hopkins</u>
		Address	<u>Darlington Md</u>
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Harry D Hanway Jr*  
Town *Bel Air* County *Harford* MARYLAND  
Died at  
Date of death 1909 Sept 7 Age 3  
Sex *Male* Color or Race *White* Birth-place *Harford Md*  
Occupation *None* Where Residing if not at place of death *\_\_\_\_\_*

Married, Single or Widowed *\_\_\_\_\_* Name of Wife or Husband *\_\_\_\_\_*  
Father's Name *Harry D Hanway* Father's Birthplace *Md*  
Mother's Maiden Name *Harriet E Miller* Mother's Birthplace *N.Y.*  
Name of person giving Information *H D Hanway* How related to deceased *Father*

CAUSES OF DEATH

176

✓

PHYSICIAN  
OR CORONER

Primery *Cerebral congestion & irritation (pressure in parturition)* How long *3 days*  
Immediate *asphyxia* How long *few hours*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. F. Van Bibber*  
Address *Bel Air Md.*  
Accident or Suicide *No*





Name  
in  
Full

## CERTIFICATE OF DEATH

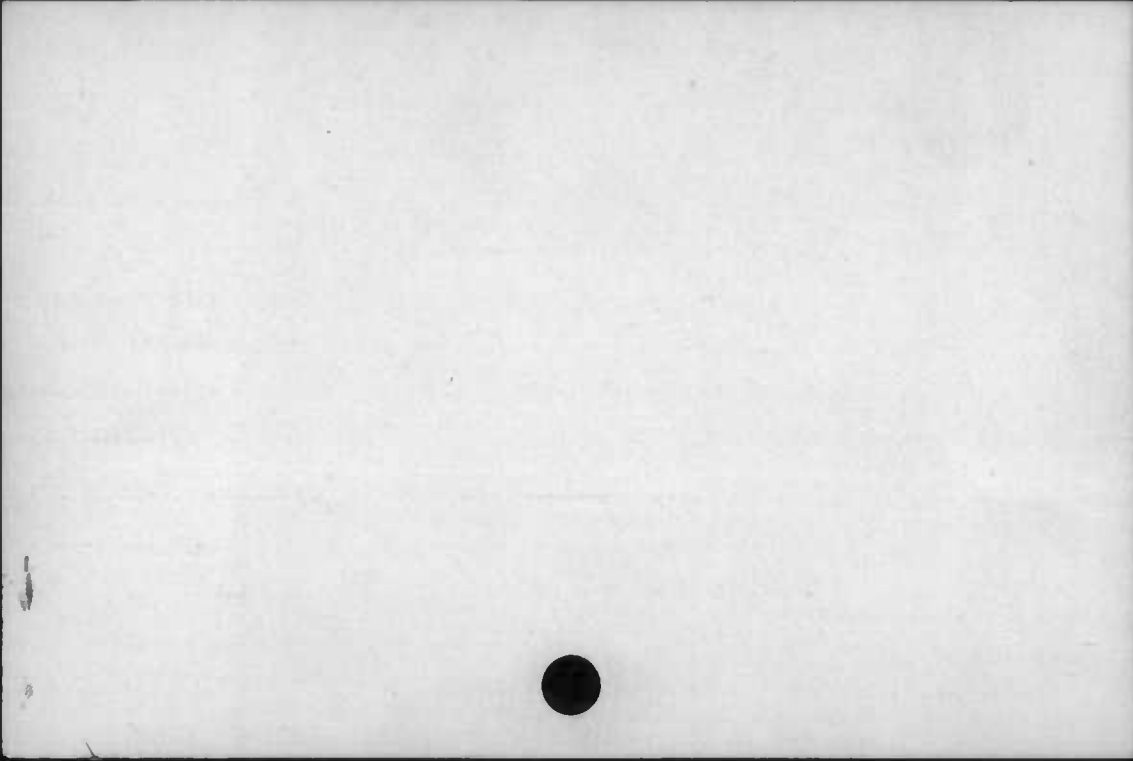
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Grace Adellart Harris</i>		Town <i>Sharon</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Sharon</i>		Month <i>7<sup>th</sup></i>		Day <i>3<sup>rd</sup></i>		Year <i>1909</i>	
Date of death <i>1909</i>		Month <i>7<sup>th</sup></i>		Day <i>3<sup>rd</sup></i>		Age <i>14</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harford Co Md</i>		Months <i>11</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>		Days <i>8</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>		Father's Name <i>James R Harris</i>		Father's Birthplace <i>Harford Co Md</i>	
Mother's Maiden Name <i>Sarah J Jones</i>		Name of person giving information <i>J R Harris</i>		Mother's Birthplace <i>Baltimore Co "</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smithson</i>
	Address <i>Florist Hickman</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

CERTIFICATE OF DEATH

Elizabeth Augusta Hall

Town

County

MARYLAND

Died at

Shues Landing Haysford

Date

of death

1909 Sept 5 '16

Age

Years

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Shues Landing

Occupation

None

Where Residing if not  
at place of death

" "

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Evan Hall

Father's  
Birthplace

Haysford Co

Mother's  
Meiden Name

Augusta Hall

Mother's  
Birthplace

" "

Name of person giving  
Information

Evan Hall

How related  
to deceased

Master

CAUSES OF DEATH

71

Primary

Malnutrition

How long

Immediate

Convulsion

How long

2 hours

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

Dr. J. P. Haysford  
Haysford Co  
Sept 11 1909

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Engman Hollingsworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hallston		County Harrison Co		MARYLAND	
Date of death		1909	Month 9	Day 17	Age 71	Years	Months Days
Sex		Male		Color or Race White		Birth-place Mountain	
Occupation		Farmer		Where Residing if not at place of death		Hallston	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		James Hollingsworth		Father's Birthplace		Wilcox	
Mother's Maiden Name		Guilleana Spicer		Mother's Birthplace		Hallston	
Name of person giving Information		J. B. Hollingsworth		How related to deceased		Cousin	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Sameness	How long	64 . ✓ Immediate
Immediate	Appoplexy	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jas Hollingsworth	
No		Address	
Accident or Suicide		Burlair	

Friends We.

Yours

Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Bel Air* Town *Harford* County

Date of death 190 *9* Month *Sept* Day *10* Age *18* Years Months Days

Sex *Female* Color or Race *Black* Birthplace *Ind*

Occupation *Housekeeper for father* Where Residing if not at place of death *Bel Air Ind*

Married, Single or Widowed ☒ Married Name of Wife or Husband

Father's Name *George Jackson* Father's Birthplace *Ind*

Mother's Maiden Name *Liza Wiggins* Mother's Birthplace *Ind*

Name of person giving Information *George Jackson* How related to deceased *Father*

CAUSES OF DEATH

Primary *Intermittent* How long *about 1 yr.*

Immediate *Intermittent*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. Richardson*

Address *Bel Air Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mountain



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joshua Jones*

Died at *Janettsville* Town

*Harford* County

MARYLAND

Date of death *1909* Month *Sept* Day *26*

Age *95* Years

Months

Days

Sex *Male*

Color or Race *Colored*

Birth-place *Maryland*

Occupation *Team hand*

Where Residing if not at place of death

Married, Single or Widowed *Widower*

Name of Wife or Husband *Louisa Jones*

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving Information *Rush Jones*

How related to deceased *Son*

CAUSES OF DEATH

**(93)**

Primary

*Pneumonia*

How long

*About 1 week*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

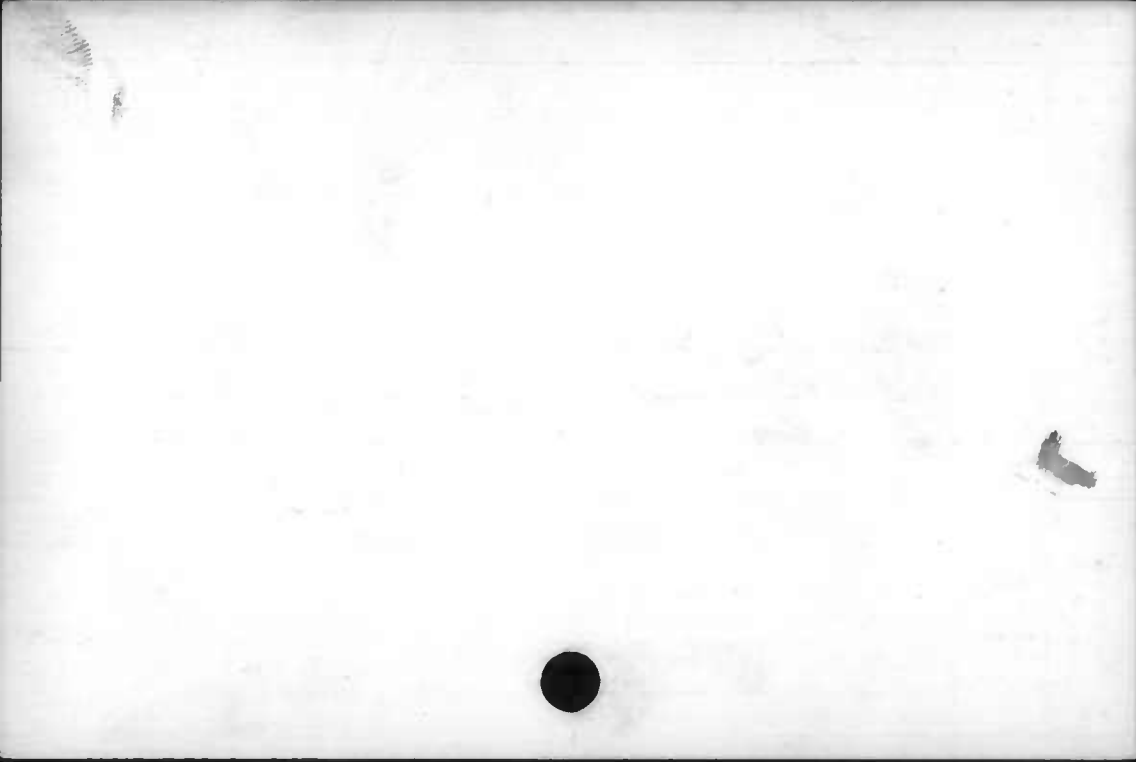
*H. F. Bradley*

Address

*Janettsville Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Joycay*

Died at *Garland* Town *Harford* County

State *MARYLAND*

Date of death *1909* Month *Sept* Day *11* Age *3* Years Months Days

Sex *Girl* Color or Race *White* Birth-place *Balto*

Occupation \_\_\_\_\_ Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Martin Joycay* Father's Birthplace *Old Country*

Mother's Maiden Name *Mary Keyta* Mother's Birthplace *"*

Name of person giving Information *Child father* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_

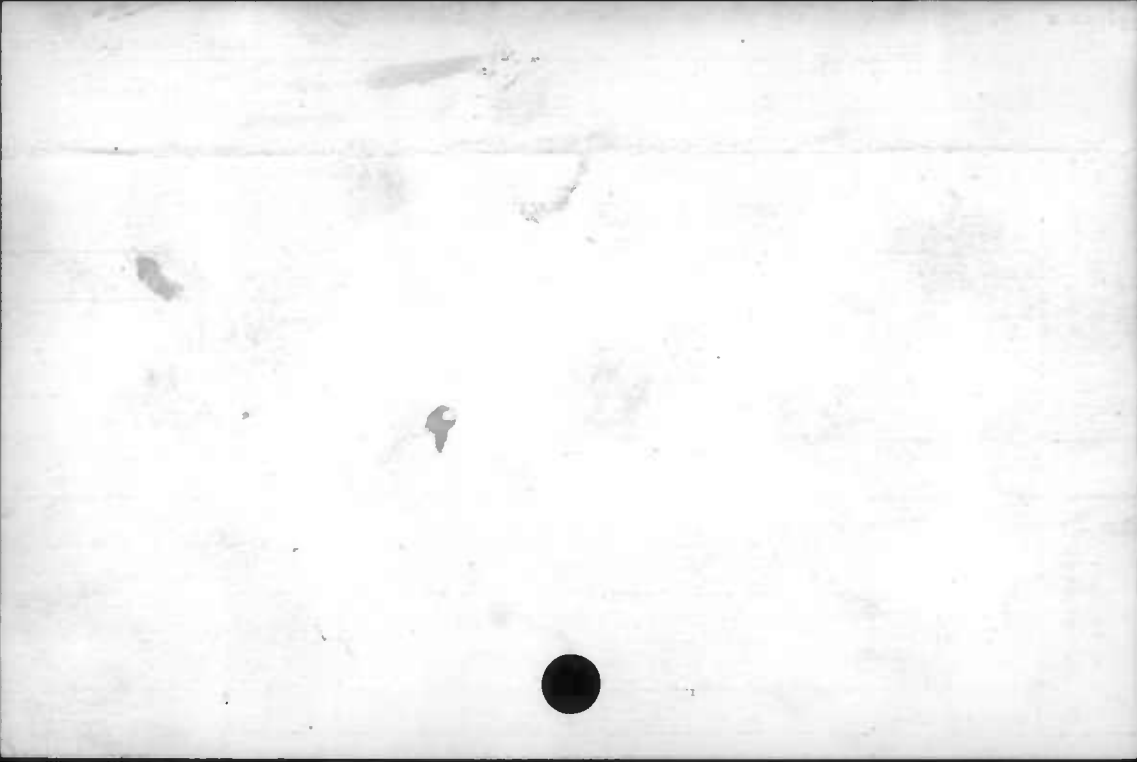
Immediate *Summer Diarrhea* How long *3 or 4 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. Lee Hopkins*

Address *Home de Grace*

Accident or Suicide *Yes*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

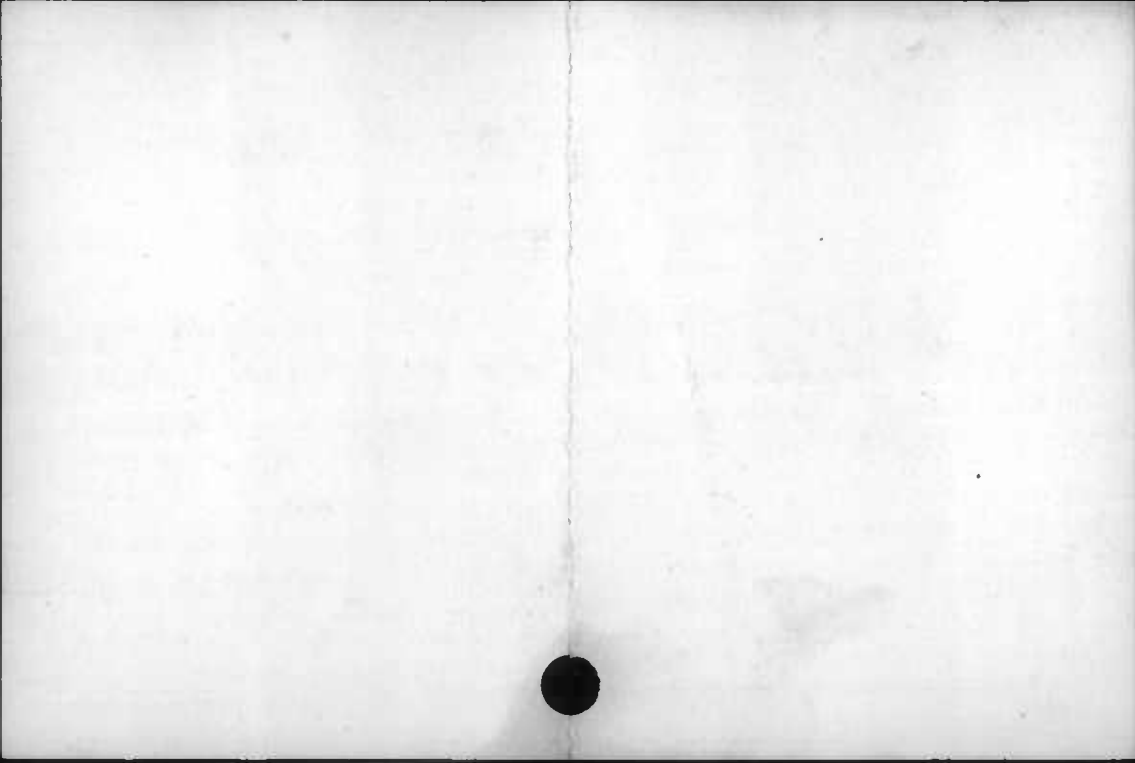
Name in Full <b>Rachel Ann Mcemas</b>		Town <b>Wepner X Roads</b>		County <b>Hagerston</b>		MARYLAND	
Died at <b>Wepner X Roads</b>		Month <b>Sept</b>		Day <b>18</b>		Years <b>82</b>	
Date of death <b>1909</b>		Months <b>None known</b>		Days <b>None known</b>			
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Stenardtown</b>			
Occupation <b>Housekeeper</b>		Where Residing if not at place of death <b>Wepner X Roads</b>					
Married, <del>Single</del>		Name of Wife or Husband <b>Hatril A. Mcemas</b>					
Father's Name <b>Steel Jordan</b>		Father's Birthplace <b>Stenardtown</b>					
Mother's Maiden Name <b>Rebecca Steel</b>		Mother's Birthplace <b>Yorktown</b>					
Name of person giving information <b>Hatril A. Mcemas</b>		How related to deceased <b>Nephew</b>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Bright's disease</b>		How long <b>2 years or longer</b>	
Immediate <b>Old age</b>		How long <b>Not known</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>John S. Green</b>	
Address <b>Sittings, Md.</b>		Address <b>Md.</b>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

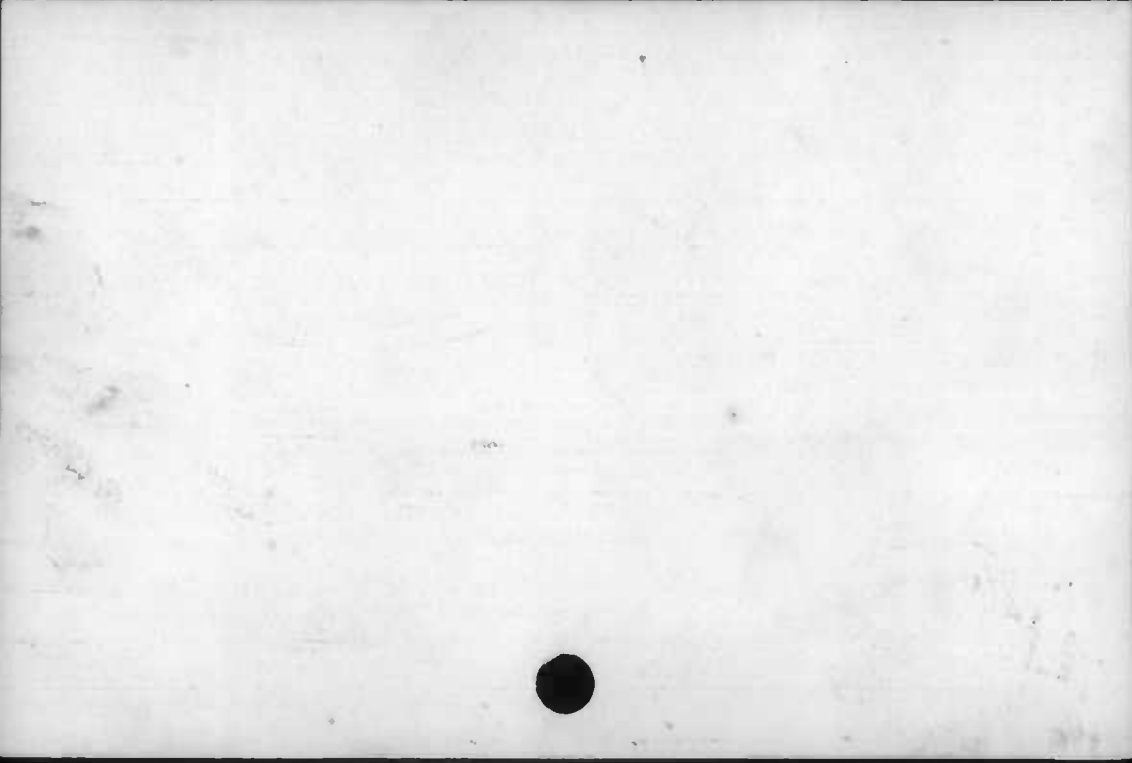
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		7	16			1	13
Sex		Color or Race		Birth-place			
Male		White		Baltimore			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Eschriel Murphy				Helmshouse			
Mother's Maiden Name				Mother's Birthplace			
Mary Price				Boston			
Name of person giving information				How related to deceased			
Mary Murphy				Mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
At home	2 wks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
	Baltimore
Accident or Suicide?	





Name  
in  
Full

Mary J. Murray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Grace</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>Sept.</i>	Day <i>4</i>	Age <i>49</i>	Months <i>2</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>House work</i>		Birth-place	<i>Harrods Grace</i>	
Married, Single or Widowed	<i>Single</i>		Where Residing if not at place of death	<i>" "</i>	
Father's Name	<i>John Murray</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Katherine McEwen</i>			Mother's Birthplace	<i>Ireland</i>
Name of person giving Information	<i>Katie Murray</i>			How related to deceased	<i>Sister</i>

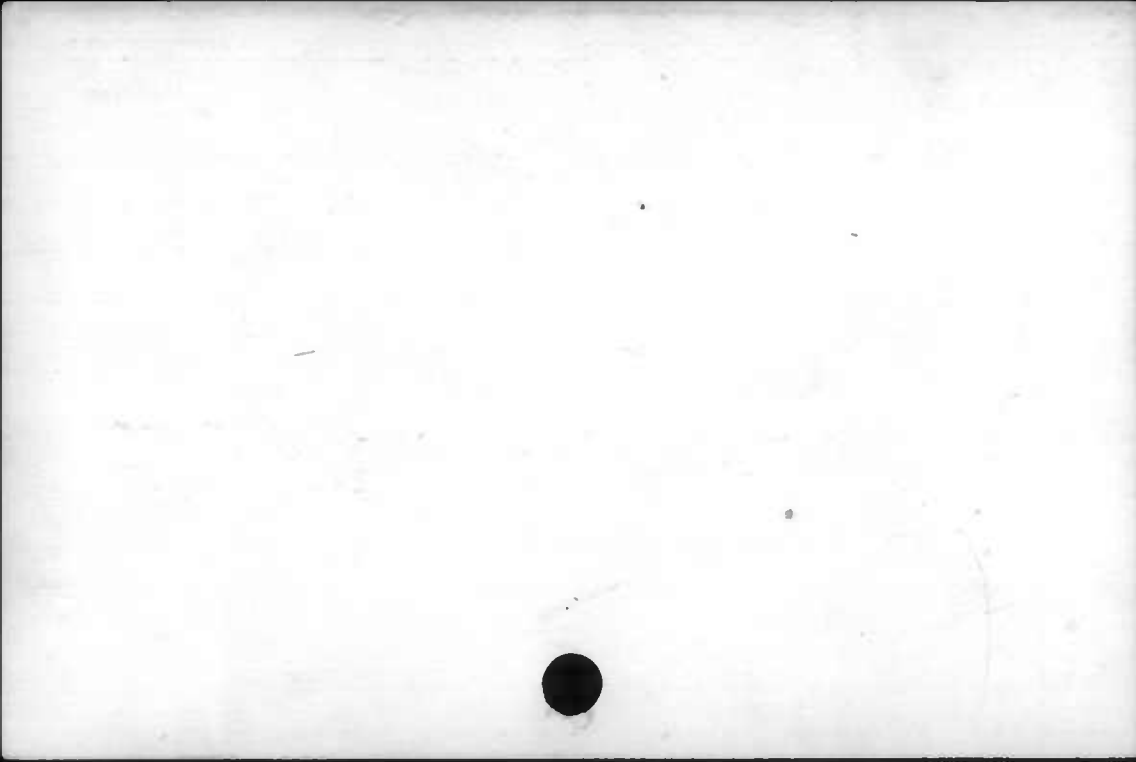
## CAUSES OF DEATH

45

✓

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of Throat</i>		How long	<i>8 or 9 months</i>
Immediate	<i>—</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. W. Smith</i>	
		Address	<i>Harrods Grace Md</i>	
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Boothby Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month <i>Sept.</i>	Day <i>3</i>	Age <i>56</i>	Years <i>7</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harvards Grove</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>Boothby Hill</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rebecca Orr</i>					
Father's Name <i>John Orr</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Mary Foster</i>		Mother's Birthplace <i>Harford</i>					
Name of person giving Information <i>Clayton Foster</i>		How related to deceased <i>son-in</i>					

## CAUSES OF DEATH

Primary	<i>Cancer of Stomach &amp; Intestine</i>	How long <i>40</i>	<i>2 Years</i>
Immediate		How long	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

*Yes.**W. W. Fair**12. E 25th  
Butte Md.*



Name  
in  
Full

## CERTIFICATE OF DEATH

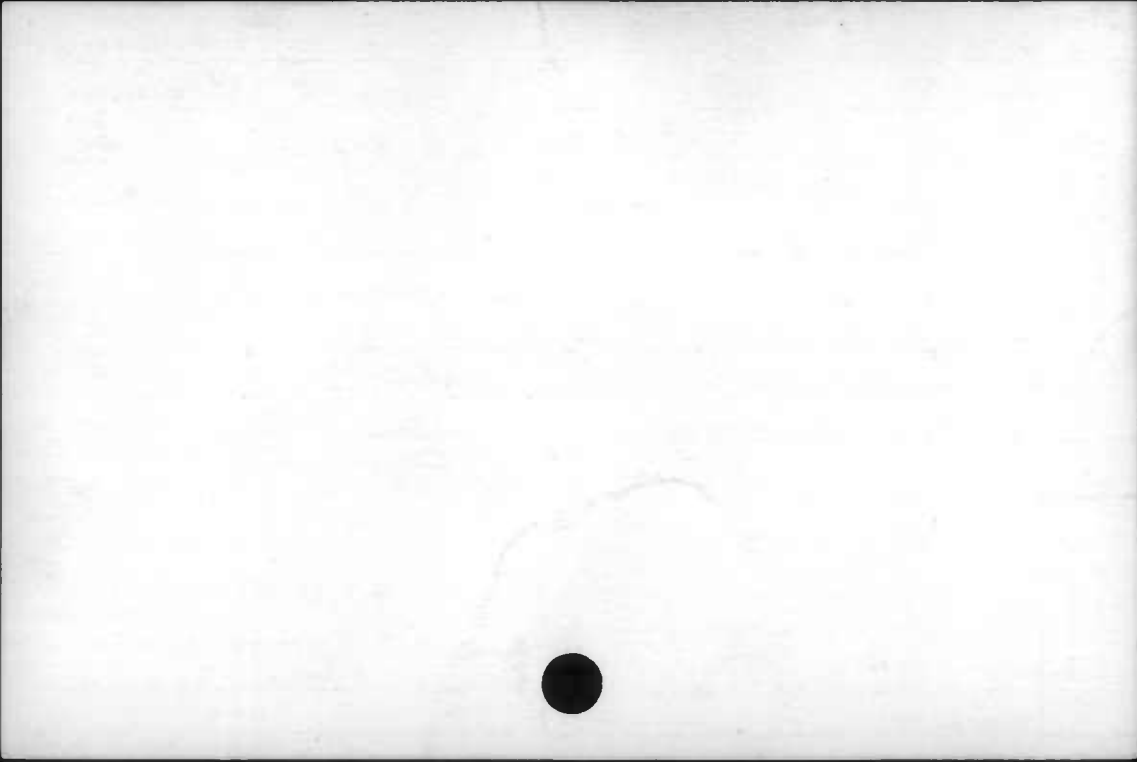
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harpe de Grace</i>		County <i>Hanford</i>		MARYLAND							
Date of death	1909	Month	<i>Sept. 5</i>	Day	<i>th</i>	Age	<i>83</i>	Months		Days	
Sex	<i>Female</i>		Color or Race			Birth-place	<i>Hanford Co.</i>				
Occupation	<i>Housewife</i>					Where Residing if not at place of death					
Married, <del>Single</del> or <del>Widowed</del>						Name of Wife or Husband <i>Henry Osborne</i>					
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving Information	<i>Son-in-law Lewis Richman</i>					How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	<i>66</i> How long	<i>some months</i>
Immediate	<i>Convulsions</i>	How long	<i>a day or two</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. C. Richman</i>	
		Address <i>Hanford Co. Md.</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mary Ann Pitt*  
 Died at *Prigmes* *Annapolis* *MARYLAND*  
 Date of death 1904 *9* *6* Age *69* *July* *—*  
 Sex *Female* Color or Race *Black* Birth place *MD.*  
 Occupation *house work.* Where Residing if not at place of death *—*

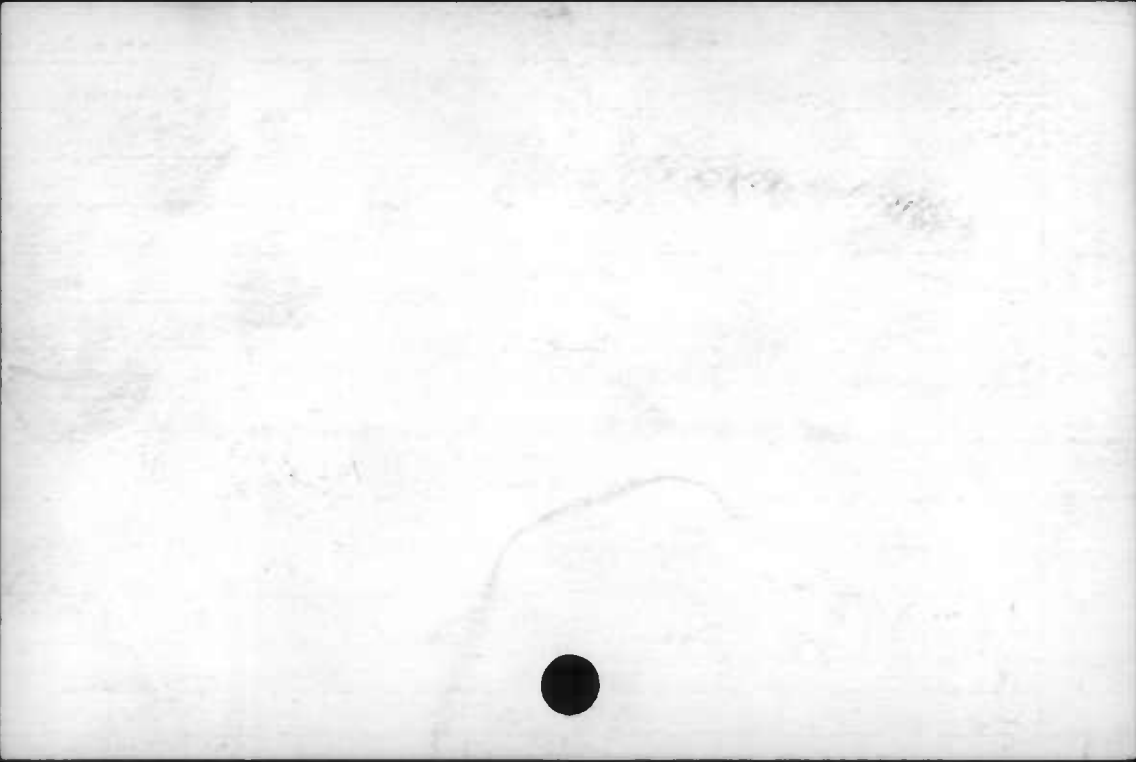
Married, *Single* Name of Wife or Husband *William Pitt.*  
 Father's Name *William Reed* Father's Birthplace *MD.*  
 Mother's Maiden Name *Sallie A McCann* Mother's Birthplace *MD.*  
 Name of person giving Information *William A. Bennett* How related to deceased *Son*

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary *Injury external & internal* How long *two weeks*  
 Immediate *Heart failure* How long *—*  
 Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *J. H. Thompson* Address *Prigmes, Md.*  
 Accident or Suicide *Accident*





Name  
in  
Full

Rachael Singleton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Castleton</i>		<sup>County</sup> <i>Harford</i>		MARYLAND	
Date of death	1909	<sup>Month</sup> <i>Sept</i>	<sup>Day</sup> <i>4</i>	Age <sup>Years</sup> <i>3</i>	<sup>Months</sup> <i>2</i> <sup>Days</sup>
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>none</i>		Birth-place	<i>Maryland</i>	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name	<i>Chas Singleton</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Florida May White</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Chas Singleton</i>			How related to deceased	<i>Father</i>

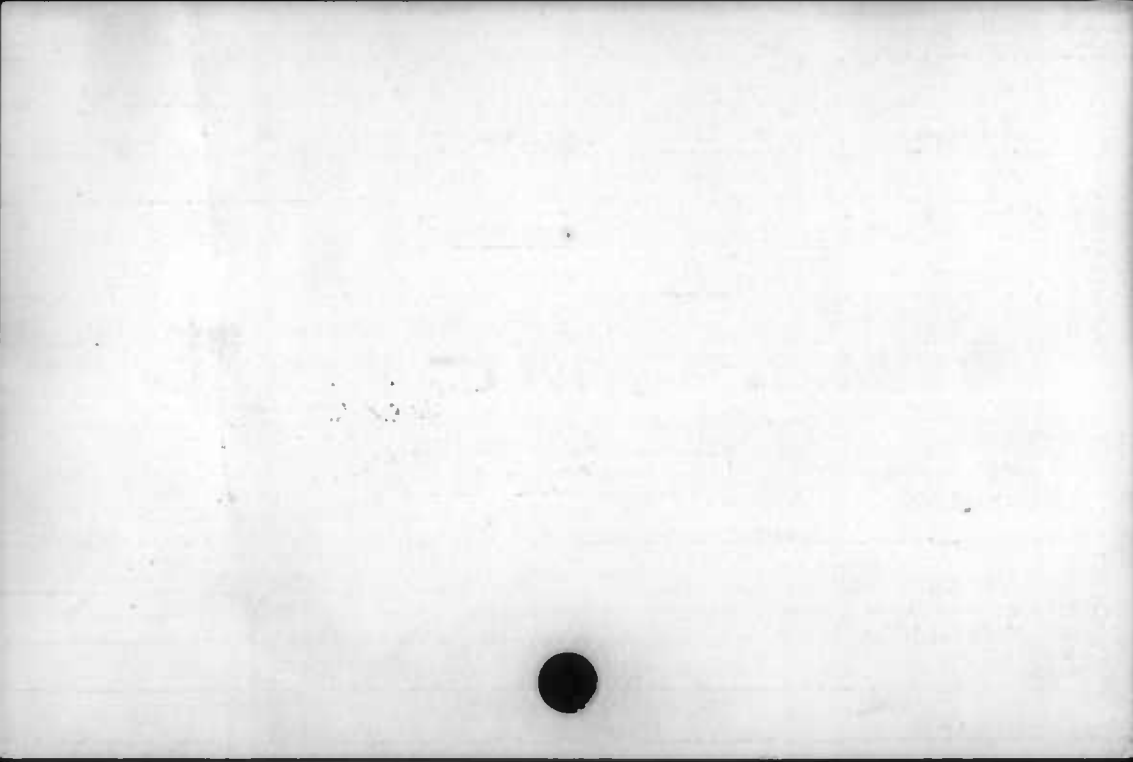
## CAUSES OF DEATH

179

✓

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W B Clark MD</i>		
Accident or Suicide?	Address <i>Darlington Md</i>		
	<i>3rd</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ida Stansbury

Town

County

Died at

Harri-de-Grace Harborford

MARYLAND

Date

of death 1909

Month

9

Day

4

Years

9

Age

Months

Days

Sex

Female

Color or  
Race

Caf

Birth-  
place

Md.

Occupation

Child

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Ida Stansbury

Mother's  
Birthplace

Md.

Name of person giving  
Information

Martha Galloway

How related  
to deceased

Grandmother

## CAUSES OF DEATH

90

✓

PHYSICIAN  
OR CORONER

Primary

Bronchitis

How long

3 days

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, data  
and place correctly given above?

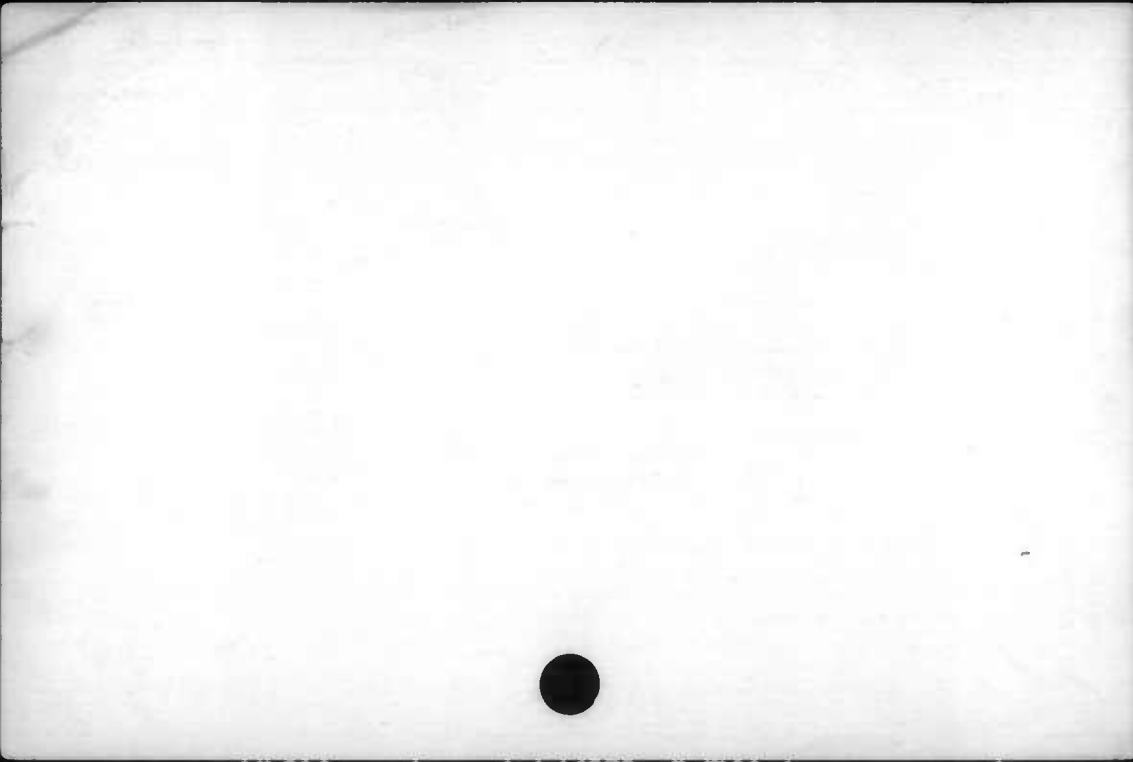
Yes

Signature of  
Physician

Address

J. H. Galloway  
Harri-de-Grace Md.

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

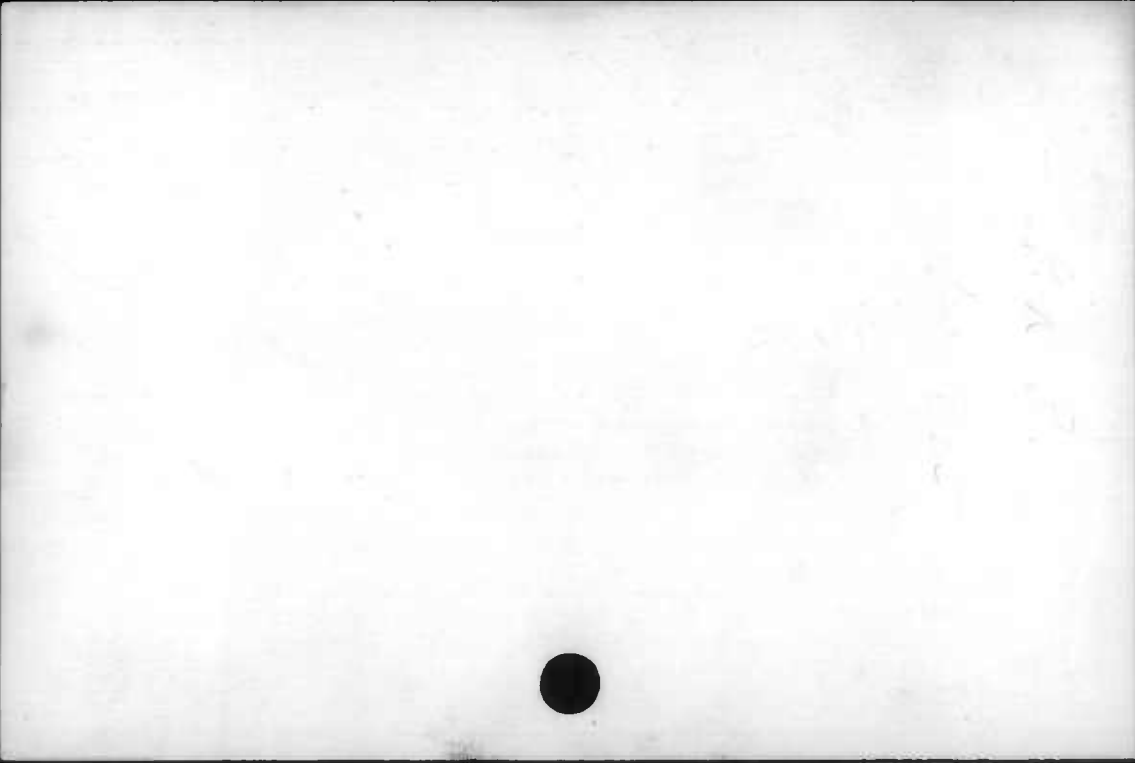
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	25	91	6	7	
Sex	male	Color or Race	White	Birth-place	England		
Occupation	Retired merchant			Where Residing if not at place of death	Same		
Married, Single or Widowed	Widower		Name of Wife or Husband	Martha Ann Coe			
Father's Name	James Taylor				Father's Birthplace	England	
Mother's Maiden Name	Not known				Mother's Birthplace	Unknown	
Name of person giving Information	H. M. Smith				How related to deceased	Son-in-law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility		How long	2 or 3 years
Immediate	Heart & Kidney Comp		How long	6 mo
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. L. Hopkins
			Address	State de Gruen
Accident or Suicide				med



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Plenia four water  
Town  
Died at Fallston  
County Harford  
MARYLAND  
Date of death 1909 Sept. 20<sup>th</sup> Age 20  
Month Sept. Day 20<sup>th</sup> Years 20 Months Unknown Days Unknown  
Sex Female Color or Race Colored Birth-place Beckord  
Occupation House Keeper Where Residing if not at place of death Beckord Balto Co Md.  
Married, Single or Widowed Single Name of Wife or Husband  
Father's Name Pink Harris Father's Birthplace Virginia  
Mother's Maiden Name Elizabeth Muter Mother's Birthplace Onondaga Co Md.  
Name of person giving Information Grandfather How related to deceased Grandfather

CAUSES OF DEATH

Primary Heart trouble

Immediate Dropsy

Are the name, age, sex, color, data and place correctly given above?

Yes

Accident or Suicide

Signature of Physician

Charles Bagley M.D.  
Address Bagley Md.

79  
How long 3 months

How long 3 months

PHYSICIAN  
OR CORONER

Labriace



Name  
in  
Full

Samuel S. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Darlington* <sup>County</sup> *Harford*

Date of death <sup>Month</sup> *Sept* <sup>Day</sup> *11* <sup>Years</sup> *1909* Age *85* Months      Days     

Sex *Male* Color or Race *Negro* Birth-place *Harford Co*

Occupation *Farm laborer* Where Residing if not at place of death *Darlington*

Married, Single or Widowed *Widower* Name of Wife or Husband *Jane (Unknown)*

Father's Name *Sam'l Wilson* Father's Birthplace *Harford Co.*

Mother's Maiden Name *(Unknown)* Mother's Birthplace *Harford Co*

Name of person giving information *Sam'l H. Wilson.* How related to deceased *Half-brother*

## CAUSES OF DEATH

154

✓

PHYSICIAN  
OR CORONER

Primary *Infirmities of age* How long     

Immediate *general failure* How long *about a week failing*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ephraim Hopkins*

Address *Darlington*

Accident or Suicide? *No*

